

eases of the United States Public Health Service, all of the states now have regulations requiring such reporting of cases of venereal disease.

In common with the regulations of thirty-five states, the District act provides that prostitutes, keepers of disorderly houses and persons convicted of any sexual crime are presumed to be a source of infection and are subject to examination. The health officer is required to employ for the protection of public health all such regulatory measures as may be necessary to prevent the spread of these diseases. He is also required to use every available means to ascertain the existence of venereal disease and the source of the infection. Persons against whom there is no criminal charge, but who are reasonably suspected of being infected, may be examined by the health officer upon consent of the parties. If, however, such persons withhold consent, an examination may be ordered by the court. A violation of such an order by continued refusal is punishable as contempt of court. In forty-three of the states the health officer is given express power to quarantine persons known to be infected with venereal disease. Nine of these states go even further, allowing the officer to placard the premises under certain conditions.

Twenty-nine states have laws which prohibit the advertising of preparations for the treatment of venereal diseases in lay publications, or which prevent the sale of such medicine to a lay person except on the prescription of a licensed physician. A like clause exists in the District law. Nineteen states have found it advisable to regulate the employment of the venereally diseased, and in the District of Columbia the law prohibits persons suffering from venereal disease, in a form likely to be a source of infection to others, from being employed as barbers, masseurs, cooks, bakers or other producers or handlers of food or drink, or from working in any other occupation in which the disease might endanger the public health.

Under the new law, it is compulsory upon physicians to advise their patients as to measures which they should take to prevent the spread of these diseases. They are also required to report all of the indigent cases which may come to their notice. The board of health is under obligation to take care of such cases and to see that they are given the proper treatment according to approved standards. Practically all of the states have some way of taking care of such indigent cases.

**Four Recovered Lepers Discharged From National Leprosarium**—The conditions under which lepers are released from this institution are exceedingly rigid. They require special observation for a period of one year, including monthly bacteriological examinations, to show that the leprosy bacillus is absent from the tissues. Certification of cure is also required from a board of three medical officers stationed at the hospital and experienced in leprosy.

The treatment at Carville includes the use of chaulmoogra oil, special preparations of mercury used intravenously, x-ray therapy, surgery of superficial areas of involvement, hydro-therapy, and the violet ray. The results of treatment have been sufficiently encouraging at this institution to induce numerous other patients, of whom there are believed to be several hundred in the United States, to agree to their transfer. A special car fitted up for the purpose, and carrying a doctor and a nurse, was used in the transfer last week of eleven patients from Florida, and seven were brought from California. There are at present 236 leper patients at Carville.

**Good Advice**—Do not get too deeply absorbed, to the exclusion of all outside interests. Success in life depends as much upon the man as upon the physician. You are to be members of a polite as well as of a liberal profession, and the more you see of life outside the narrow circle of your work, the better equipped you will be for the struggle.—Osler.

## Medicine Before the Bench

### Findings and Comments of the Courts on Acts and Omissions of Doctors

(EDITOR'S NOTE—*The law reports contain many interesting decisions, involving the reputations and fortunes of doctors. In this column in each issue a brief summary of one or more decisions and comments of the several courts of last resort upon the cases will appear. The matter will be selected by our general counsel, Hartley F. Peart, who, with Hubert T. Morrow, attorney for Southern California, will contribute from time to time.*)

In a comparatively recent decision the plaintiff, a child of 5 years of age, brought suit against a physician claiming that he had negligently diagnosed her condition and applied improper treatment. It appeared that plaintiff had sustained a fall, by reason of which a fracture to the hip resulted. The bone of the leg near the ankle-joint was also split. A few days later it developed that plaintiff was also suffering from osteomyelitis. The defendant failed to discover the fracture to the hip, but applied tight bandages and a cast on the fractured ankle. The plaintiff alleged that defendant "unskillfully placed said limb, which was then sore, swollen, tender and inflamed, in a plaster of paris cast and negligently made the same so tight as to greatly impede and stop circulation; that because of said treatment mortification set in, and a septic condition and blood poisoning resulted, extending throughout her whole body," making subsequent operations necessary to save the plaintiff's life. A verdict was rendered by the jury in favor of the plaintiff, and upon appeal therefrom the court in affirming the judgment said:

"It is the duty of a physician or surgeon to use that reasonable care and diligence ordinarily exercised by members of the profession in similar cases under like conditions, and failure so to do constitutes negligence on his part.

"... In other words, the implied obligation of the physician or surgeon to his patient is that no injurious consequences shall result to him from want of proper learning, skill, care, and diligence."

With respect to the contention of the defendant physician that since he was highly trained in his profession and, in fact, possessed all the necessary care and skill qualifying him to practice his profession, the verdict could not stand, the court continued:

"The question of negligence, or failure to exercise ordinary skill and care in the treatment of any particular case does not depend upon the professional skill and learning of the physician, but is to be determined from a consideration of his acts, conduct, omissions, and treatment in the particular instance. If he possessed the highest degree of skill and learning in his profession, and failed to exercise the care and diligence required by the law in treating his patient, his skill and learning could not shield him from the consequences of such negligent treatment. On the other hand, if he did not possess the skill and learning required by the legal standard, but his treatment in the particular instance was proper, he could not be held liable for the want of such skill which resulted in no injury to the patient. . . .

"We have examined the questions presented in relation to the evidence and instructions given and refused, and find no reversible error. The judgment is affirmed."

**Bryan to the Contrary Notwithstanding**—The moral principle inherent in evolution is that nothing can be gained in this world without an effort; the ethical principle inherent in evolution is that the best only has the right to survive; the spiritual principle in evolution is the evidence of beauty, of order, and of design in the daily myriad of miracles to which we owe our existence.—Henry Fairfield Osborn (The Forum).